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Bib Data Sheet

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APPLICANTS

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**** CONTINUING DATA *******
 This appln claims benefit of 60/479,709 06/19/2003 *MR*

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 02/03/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Matthew H. Gilson</i> Examiner's Signature Initials	STATE OR COUNTRY NC	SHEETS DRAWING 12	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 4
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TITLE
 Handle for medical devices, and medical device assemblies including a handle

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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☐ Other

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